

02/25/99  
JCS42 U.S. PTO

By Express Mail #EL297086615US

Attorney Docket No.: 4493-36

Check box if applicable: ☐ DUPLICATE

## UTILITY PATENT APPLICATION TRANSMITTAL

*Submit an original and a duplicate for fee processing*

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

JCS30 U.S. PTO  
09/25/99  
02/25/99

Assistant Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, DC 20231

Dated: February 25, 1999

Sir:

Transmitted herewith for filing is the utility patent application of:

Inventor(s): Shalom Z. Hirschman, Chaowuan Chen

For: A Method of Determining Down-Regulation of the Expression of HIV Coreceptor,  
CCR5 With Product R

Enclosed are:

- Transmittal letter (2x) with Fee Computation Sheet
- General Authorization For Payment of Fees (2x)
- Title Page, Specification, Claims 1 to 6 & Abstract (19 pages [total number of pages of application])
- Unexecuted Declaration and Power of Attorney (3 pp.)
- Two (2) sheet(s) of drawing(s) (Figs. 1 to 2)
- Check for \$ 380.00 for filing fee
- Return Receipt Postcard

☐ Please charge my Deposit Account No. 03-2412 in the amount of \$. A duplicate copy of this sheet is enclosed.

[x] The Commissioner is hereby authorized to charge payment of the following fees associated with this application or credit any overpayment to Deposit Acct. No. 03-2412.

[x] Any additional filing fees required under 37 CFR 1.16.

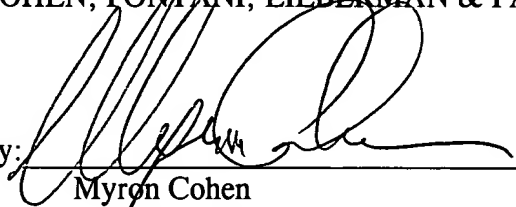
[x] Any patent application processing fees under 37 CFR 1.17

By Express Mail #EL297086615US

- ☒ The issue fee set in 37 CFR 1.18 at 3 months from mailing of the Notice of Allowance, pursuant to 37 CFR 1.311 (b) provided the fee has not already been paid by check.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

☐ Priority is claimed for this invention and application, corresponding applications having been filed in on , No. , on , No. , on , No. , on , No. , on , No. , on , No. , respectively.

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE

By:   
Myron Cohen  
Reg. No. 17,358

551 Fifth Avenue, Suite 1210  
New York, New York 10176  
Tel: (212) 687-2770  
Fax: (212) 972-5487

Attorney Docket # 4493-36

By Express Mail #EL297086615US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

Shalom Z. Hirschman et al.

Serial No.: n/a

Filed: concurrently

For: A Method of Determining Down-  
Regulation of the Expression of  
HIV Coreceptor, CCR5 With  
Product R

Check box if applicable:

☐ DUPLICATE



**GENERAL AUTHORIZATION FOR PAYMENT OF FEES  
AND PETITIONS FOR EXTENSIONS OF TIME**

*Submit an original and a duplicate for fee processing*

Assistant Commissioner for Patents

**BOX PATENT APPLICATION**

Washington, DC 20231

Sir:

The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 03-2412

- ☒ Any filing fees required under 37 CFR §1.16.
- ☒ Any patent application processing fees under 37 CFR §1.17 not otherwise paid by check.
- ☒ The issue fee set in 37 CFR 1.18 at 3 months from mailing of the Notice of Allowance, pursuant to 37 CFR 1.311 (b) provided the fee has not already been paid by check.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE

By

  
Myron Cohen

Reg. No. 17,358

551 Fifth Avenue, Suite 1210

New York, New York 10176

(212) 687-2770

Dated: February 25, 1999

By Express Mail #EL297086615US

Attorney Docket No.: 4493-36

## FILING FEE COMPUTATION SHEET

*Submit an original and a duplicate for fee processing*

Assistant Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, DC 20231

Dated: February 25, 1999

In re Application of: **Shalom Z. Hirschman et al.**

For: **A Method of Determining Down-Regulation of the Expression of HIV Coreceptor, CCR5 With Product R**

The filing fee has been calculated as shown below:

FOR:	Col. 1	Col. 2	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	# FILED	# EXTRA				
BASIC FEE			\$380			\$760
TOTAL CLAIMS	6 - 20 =	0	x 9 =	\$	x 18 =	\$
INDEPENDENT CLAIMS	3 - 3 =		x 39 =	\$	x 78 =	\$
<input type="checkbox"/> MULTIPLE DEPENDENCY			+\$130=	\$	+260=	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2			TOTAL:	\$ 380		\$